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HDP/SB/21 based on PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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|---|-----------------------------|-------------------------------|-------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/943,783 | |
| | Filing Date | 08/31/2001 | |
| | First Named Inventor | Guy, et al. | |
| | Group Art Unit | 2879 | |
| | Examiner Name | Ken A. Berck | |
| Total Number of Pages in This Submission | 11 | Attorney Docket Number | 7784-000263 |

ENCLOSURES (check all that apply)

| | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return-Receipt Postcard. |
| Remarks | | The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed. |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | | | |
|--------------------------------|----------------------------------|----------------------|----------------|-----------------|--------|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C. | Attorney Name | Mark D. Elchuk | Reg. No. | 33,686 |
| Signature | | | | | |
| Date | March 10, 2003 | | | | |

CERTIFICATE OF MAILING/TRANSMISSION

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| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below. | | | |
| Typed or printed name | Mark D. Elchuk | | |
| Signature | | Date | March 10, 2003 |

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/943,783
Filing Date: 08/31/2001
Applicant: Guy, et al.
Group Art Unit: 2879
Examiner: Ken A. Berck
Title: DOUBLE ELLIPSOID LIGHT BULB USING
TOTAL INTERNAL REFLECTION
Attorney Docket: 7784-000263

4/A
S. M. M. M.
3-1903

Commissioner of Patents and Trademarks
Washington, D.C. 20231

AMENDMENT

Sir:

In response to the Office Action mailed December 17, 2002, please amend the application as follows and consider the remarks set forth below.

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IN THE CLAIMS

Please amend the claims in accordance with the following rewritten claims in clean form. Applicant includes herewith an Attachment for Claim Amendments showing a marked up version of each amended claim.